

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8	6					
9	6					
10	6					
11	6					
12	6					
13	1					
14						
15	2					
16	2					
17	2					
18						
19	1					
20	2					
21	2					
22	2					
23	1					
24	1					
25						
26						
27						
28						
29						
30						
31						
32						
33	1					
34						
35	1					
36	6					
37	6					
38	6					
39	1					
40						
41	2					
42	2					
43	2					
44						
45						
46						
47						
48						
49						
50	2					
TOTAL IND.	16					
TOTAL DEP.	1					
TOTAL CLAIMS	16					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								